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FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

		For Other Than An Authorized Committee					Office Use Only				
1.	NAME OF COMMITTEE (in full)		MAILING LAB OR PRINT		xample:If typi ver the lines	ng, type]		
	Lone Star Leadership PAC										
			1 1 1 1 1	1 1 1 1							
ADDRESS (number and street)		7315 V	7315 Wisconsin Avenue								
		Suite 3	Suite 310 East								
	Check if different than previously reported. (ACC)	Bethes	sda 				MD	208	314 –		
2.	FEC IDENTIFICATION NUM	IBER 1	-	CITY 🛋			STATE	Z	IPCODE 4	A	
	C00415208		;	3. IS THIS REPOR	Т	NEW (N) OR		AMENDED (A)			
4.	TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report(Q1 July 15 Quarterly Report(Q2 October 15 Quarterly Report(Q3 January 31 Quarterly Report(YE July 31 Mid-Year Report(Non-election Year Only) (MY) Termination Report (TER)	`´R	Monthly Report Due On:	Feb 20 (M2 Mar 20 (M3 Apr 20 (M4	3)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Ħ	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)	Dec (No Yea	v 20 (M11) n-Election ar Only) c 20 (M12) n-Election ar Only)	
		(c	PRE-Election		Primary (1:		=	eral (12G) sial (12G)	Rur	Runoff (12R)	
		n (d	Post -Electi Report for th		General (3	0G)	Runo	off (30R)	State of	ecial (30S)	
5.	Covering Period 0 2	2 0	1 2010		through	0 2	28	2010			
Тур	ertify that I have examined this For or Print Name of Treasurer nature of Treasurer Electron	•	nond Lee Crawfo	, ,				0 3 1 9	20	10	
	TE: Submission of false, error	-									
INO	Office Use	ieuus, Ui II		nation may s	појест пе ре	a son signing th	Teport to	FEC F	FORM 3		

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